

Request for Tax Clearance Certificate — Corporations

CALIFORNIA FORM

3555

Corporation Name		California Identification Number	
Current Address	Phone Number ()	Federal Employer Identification Number	
Date operations commenced in California:	Date operations ceased or will cease in California:	Latest California tax return	
		Income period:	Date filed:

All tax returns must be filed and balances due must be paid or secured before we will issue a Tax Clearance Certificate. All returns will remain subject to audit until the expiration of the normal statutes of limitations.

If an individual or another business entity will act as the Assumer of any future tax liability, check the **Assumer** box below and follow the appropriate instructions. Requests taking advantage of the Assumer method generally receive a Tax Clearance Certificate within **30 days**.

- ☐ **Assumer** Individual or Trust complete pages 2 and 3.
Corporate, LLC, or LLP complete pages 3 and 4.

If you are requesting a tax clearance without an Assumer, check the appropriate box below. Requests other than the Assumer method generally take **6 to 9 months** to receive a Tax Clearance Certificate.

- ☐ *Surety Bond*
☐ *Cash Deposit*
☐ *Taxes Paid* – A final return must be filed before we will issue a Tax Clearance Certificate based on Taxes Paid.

Has the IRS changed the corporation's income tax liability for any years that you have not reported to us?

☐ Yes ☐ No

If yes, send us a copy of the Revenue Agent's Report.

If the corporation is currently being examined or an examination is pending, identify the agency or agencies below:

☐ IRS ☐ FTB ☐ Both

If being examined, indicate which years:

Current: _____

Pending: _____

Supplemental information. Please furnish the following information **ONLY** if the corporation is merging into another business entity and the other business entity will continue to conduct business in California after the merger.

Name of Transferee		California Identification Number of Transferee
Current Address	Phone Number ()	Federal Employer Identification Number
Date Assets Transferred to Transferee	Section of the Internal Revenue Code applicable to the transfer of taxpayer's business or assets:	

We will send a copy of the Tax Clearance Certificate to the California Secretary of State. If we are to mail the original Tax Clearance Certificate to someone other than the corporation listed above, please complete the following:

Name	Phone Number ()
Address	

Mail completed form to:

**DOCUMENT FILING SUPPORT UNIT
SECRETARY OF STATE – BUSINESS FILINGS
1500 11TH STREET
SACRAMENTO CA 95814-5701**

For more information concerning this form, telephone the Franchise Tax Board at (916) 845-4124.

Assistance for persons with disabilities: We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments please call TTY/TDD (800) 822-6268.

INDIVIDUAL OR TRUST ASSUMPTION OF TAX LIABILITY

You must complete page 2 and page 3. Please print a copy for your records. We require a detailed financial statement (page 3) from all assumers.

Note: *To qualify as an assumer, you must show the financial ability to pay any potential assessments the closing or disappearing entity may incur through normal statutory periods.*

Closing or disappearing business entity's information:

Business entity's name	California corporation or SOS file number
Current address	Federal employer identification number
	Phone number

Assumer's information:

☐ Individual ☐ Trust

Individual or trust name	Social security number
Address	Trust federal identification number
	Phone number

The undersigned individual or trust unconditionally agrees to file or cause to be filed with the Franchise Tax Board all tax returns and data required and to pay in full all accrued or accruing tax liabilities, penalties, interest, and fees due from the above named business entity at the effective date of dissolution, surrender, or cancellation.

Trustee's name (if a trust) _____

Signature _____ Date _____

FOR PRIVACY ACT NOTICE, GET FORM FTB 1131.

FINANCIAL STATEMENT FOR INDIVIDUAL OR OTHER ENTITY

Closing or disappearing business entity's name

California corporation or SOS file number

Statement of Assets and Liabilities

Item	Present Value (A)	Liabilities Balance Due (B)	Equity in Asset
Cash			
Bank accounts			
Stocks and bonds			
Cash or loan value of insurance			
Household furniture			
Real property			
Vehicles			
Other assets (describe)			
Federal taxes outstanding			
Loans			
Other (include judgements)			
Net assets (Total column A less total column B)			\$

General Information *(Attach additional schedules if necessary.)*

Net annual income

Source (name of business or employer)

Banks and savings and loan accounts (names and addresses)

Description and license number of each vehicle

Stocks and bonds (name of company, number of shares, etc.)

Real property (brief descriptions and locations)

I certify that the information above is correct to the best of my knowledge.

Assumer's name (print) _____

Assumer's address _____ Phone number () _____

Assumer's signature _____ Date _____

CORPORATION, LIMITED LIABILITY COMPANY, OR LIMITED LIABILITY PARTNERSHIP ASSUMPTION OF TAX LIABILITY

The Assumption of Tax Liability

of (1) _____)
_____)
A corporation, limited liability company, or limited liability partnership)
_____) California Corporation number, Secretary of
by (2) _____) State file number, or federal employer
_____) identification number
A corporation, limited liability company, or limited liability partnership)
_____) California Corporation number, Secretary of
_____) State file number, or federal employer
_____) identification number

(Name of assumer) _____ unconditionally
agrees to file with the Franchise Tax Board all tax returns and data required and pay in full all tax
liabilities, penalties, interest and fees of (1) _____
_____ ; at the
effective date of dissolution, surrender, or cancellation

(2) _____
Exact corporation, limited liability company, or limited liability partnership name

Printed name and title of officer/manager/partner/member

Signature and title of officer/manager/partner/member

State of _____

County of _____

On _____ before me, the undersigned, a notary public in and for
said state, personally appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s)
whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they
executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the
instrument the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____

Name _____
(typed or printed)

Note: LLC, LLP, and corporation assumers must provide a financial statement.